PRIORITIES *of the National Immunization Program*

Our priority—Reduce Vaccine-Preventable Diseases

"Vaccine-preventable disease levels are at or near record lows"

CHILDHOOD VACCINE-PREVENTABLE DISEASE CASES

Incidences of most vaccine-preventable diseases are down approximately 99 percent from peak pre-vaccine levels.

PARALYTIC POLIO

There have been no cases of polio caused by wild polio virus in the Western Hemisphere since 1991. We are actively working with the World Health Organization to achieve the goal of certifying the global eradication of polio by 2005.

MEASLES

Measles is no longer endemic in the U.S. This means that all cases now seen in our country were either documented or believed to have been brought in from other countries. In 2002, there were 37 confirmed cases of measles (provisionally reported) in the U.S., down from 312 in 1993, the year the vaccine was licensed, and 2,237 in 1992, the year before its licensure. The number of cases in the Western Hemisphere has been reduced by more than 99 percent from approximately 250,000 cases in 1990 to 2,572 cases in 2002 (provisional data). And measles importations in the United States from Latin America have also dropped—from 230 imported cases in 1990 to zero in 2002 (provisional data).

RUBELLA AND CONGENITAL RUBELLA SYNDROME

The United States has established a goal to eliminate indigenous rubella and congenital rubella syndrome (CRS) by 2010. The number of reported cases of rubella has dramatically declined from 57,600 when the vaccine was introduced in 1969: only 12 cases of rubella were reported and there were no reports of children born with CRS in 2002 (provisional data). However, some children born in 2002 may not be diagnosed with CRS until 2003 or later. Most of the rubella cases occurred among foreign-born adults. This record low number exemplifies the success of the U.S. rubella vaccination program, which was initiated in 1969.

HAEMOPHILUS INFLUENZAE TYPE B

Cases of *Haemophilus influenzae* type b (Hib) have dropped more than 99 percent in children younger than 5 years of age since the introduction of the Hib vaccine in 1990 for use in infants. Before the widespread use of this vaccine, Hib had been the main cause of bacterial meningitis in children.

Our priority—Raise Immunization Coverage Levels

Childhood Coverage

Outstanding progress has been made in coverage rates for children up to two years of age. Immunization levels are high for most individual vaccines. For example, rates for measles, Hib, and three doses of diphtheria-tetanus-acellular pertussis (DTaP) are greater than 90 percent.

"Immunization coverage levels are growing."

Racial and Ethnic Coverage

While some disparities in overall immunization coverage rates among racial and ethnic groups still exist on both the national and local levels, great progress has been made to reduce the gaps. For example, in 1970 the measles immunization rate for racial and ethnic minority children 1 to 4 years of age was 20 percentage points lower than the rate for white children. By 2001, the measles immunization rate for Hispanic children 19 months to 35 months of age exceeded that of white children in the same age group by 0.4 percent.

A disparity between white and black children still exists for the measles vaccine, but it has dropped to a difference of only 2.6 percent.

In 2001, the disparity between races for coverage with the varicella vaccine was also very close. White children were exceeded by African American children in getting the first dose of varicella vaccine by 0.6 percent, and by Hispanic children by 5.6 percent. Additionally, in 2001, Hispanic children surpassed white children in getting three or more doses of hepatitis B by 0.2 percentage points and three or more doses of polio vaccine by 0.6 percentage points. However, the disparity still exists between white and African American children for three or more doses of these two vaccines. The rate for receiving the polio vaccine was 5.2 percent lower for African American children than for white and 4.7 percent lower for the hepatitis b vaccine.

Varicella Vaccine

Licensed in 1995, the varicella vaccine is one of the most recently added vaccines on the recommended childhood schedule. Great progress has been made in educating health care providers and the public about the benefits of this vaccine. Coverage jumped from 57.5 percent in 1999 to 76.3 percent in 2001—approximately a 25 percent increase in just two years. Coverage levels are expected to continue to increase.

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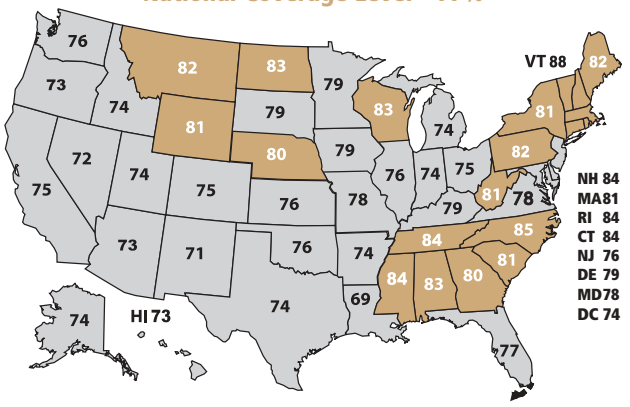
Estimated Vaccination Coverage with the 4:3:1:3* Series, by Coverage Level and State

National Coverage Level—77%



* Four or more doses of diphtheria-tetanus-pertussis (DTP) vaccine, three or more doses of poliovirus vaccine, one or more doses of measles-containing vaccine (MCV), and three or more doses of *Haemophilus influenzae* type b (Hib) vaccine.

Source: National Immunization Survey, 2001

Children surveyed in the 2001 National Immunization Survey were born between February 1998 and May 2000

Adult Coverage

Many adults, especially senior citizens, are susceptible to a variety of vaccine-preventable diseases, including influenza, pneumococcal diseases, and hepatitis. In fact, adults are 100 times more likely to die from vaccine-preventable diseases than are children. The financial costs to our society because of low immunization rates in adults are also staggering. The U.S. incurs an estimated $10 billion in costs each year from illness, lost lives, hospitalization, and lost productivity from diseases that could be prevented if each adult in the country received all of the recommended vaccines. Fortunately, progress is being made to increase adult immunization levels and, hopefully, adult immunization levels will one day be as high as our childhood immunization levels.

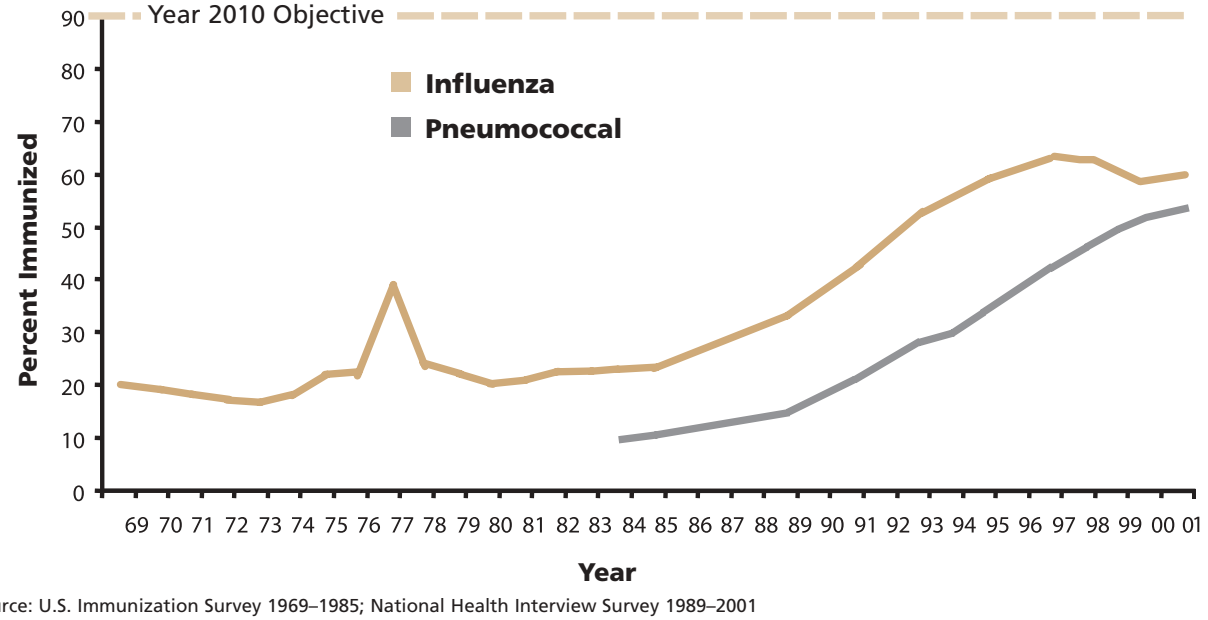
Influenza Vaccine

Coverage in people 65 and older was 63 percent in 2001, according to the CDC's National Health Interview Survey.

Pneumococcal Polysaccharide Vaccine

Coverage in people 65 and older was 54 percent in 2001, according to CDC's National Health Interview Survey.

Influenza and Pneumococcal Vaccine Coverage, Persons Aged 65 Years or Older, United States, 1969–2001



Source: U.S. Immunization Survey 1969–1985; National Health Interview Survey 1989–2001

Our priority—Further Improve Vaccine Cost Effectiveness

Return on Investments

Measles-Mumps-Rubella (MMR) Vaccine

The U.S. saves more than $23 for every dollar invested in the MMR vaccine—a savings of nearly $9 billion each year in direct and indirect costs.

Diphtheria-Tetanus-acellular Pertussis Vaccine (DTaP)

For every dollar invested in the DTaP vaccine, the U.S. saves $27 in direct and indirect costs, such as work-loss, death, and disability.

Perinatal Hepatitis B Vaccine

For every dollar invested in giving the hepatitis B vaccine to infants at birth to 2 months of age, the U.S. saves $14.50 in direct and indirect costs.

"Cost-savings continue to accrue."

CDC Vaccine Contracts

The Centers for Disease Control and Prevention negotiates vaccine purchase contracts on behalf of the 64 immunization projects. These projects include all states, cities, communities, and territories that receive immunization funds from the CDC grant process. Through these contracts, projects can use Vaccines for Children funds, 317 grant funds, and project funds to purchase vaccines. CDC's contracts comprise 50 percent to 60 percent of the national market share for vaccines.

These national contracts offer numerous benefits, both to the projects and to the manufacturers, including lowest possible prices, standardized costs for all projects, efficient vaccine ordering, open competition, assured market share, and prompt payment.

Adult Immunization

Adult vaccines play a critical role in improving the health of our country and in reducing our county's health care costs. For example, the influenza vaccine is estimated to save the U.S. more than $10 billion a year in direct medical costs and time lost from work. And we would save an additional $10 billion if each adult in the country received all of the recommended vaccines. Additional vaccines are available to protect adults from many other debilitating diseases such as hepatitis A and B and pneumococcal diseases—all are responsible for lost time and productivity from work as well as rising health care costs.